

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51	/		
2							52	/		
3							53	/		
4							54	/		
5							55	/		
6							56	/		
7							57	/		
8							58	/		
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12							62	/		
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28							78	/		
29							79	/		
30							80	/		
31							81			
32							82			
33							83			
34							84	/		
35							85			
36							86	/		
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49	/						99			
50	/						100			
TOTAL IND.	5						TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS	5						TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy